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LEROY D. BACA, SHERIFF

**County of Los Angeles**  
**Sheriff's Department Headquarters**  
4700 Ramona Boulevard  
Monterey Park, California 91754-2169



January 21, 2005

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**RESPONSE TO ISSUES RELATED TO MRSA**

The following information is provided in response to Supervisor Antonovich's request made during the January 11, 2005, Board of Supervisors meeting regarding a news media report that the cases of Methicillin Resistant Staphylococcus Aureus (MRSA) has increased significantly in the jails.

Certain Los Angeles area media outlets have attempted to portray recent MRSA statistics as a sharp increase in the number of cases within the Los Angeles County jail system; however, our data shows the number of new MRSA cases per month has reached a plateau and has remained constant, around 200 cases, for all of 2004. To be more specific, our data shows a monthly average of 208 cases. As such, we can positively report that there have been no recent significant increases in the number of cases within the jails.

One media source stated that the number of cases has "quadrupled" since 2002. While this statement may appear true from a raw numbers standpoint, the media report failed to include explanatory information that we provided to them regarding this apparent increase. August 2002 was the point in time when the Sheriff's Department, working in conjunction with the Los Angeles County Department of Health Services, became truly cognizant of the MRSA issue confronting us. Prior to that time, MRSA infections had, in some cases, been mistakenly diagnosed as spider bites. This was, and occasionally continues to be, a common mis-diagnosis throughout the State as well as the Nation.

*A Tradition of Service*

As a result of our realization, we formed a multi-discipline MRSA Task Force, which continues to meet on a bi-monthly basis. This task force, which includes Dr. Elizabeth Bancroft, M.D., and other representatives from the Department of Health Services, has helped lead to the development of MRSA treatment regimens and protocols. Additionally, policies and practices related to inmate hygiene, exchange of clothing and bedding, facility cleanliness, along with inmate and staff education, were developed and enacted. The steps taken by the Sheriff's Department and the Department of Health Services to aggressively treat MRSA show that MRSA is not a problem beyond our control. Rather, MRSA proves to be a problem that has been, and continues to be, controlled through a cooperative effort of subject experts.

Our baseline numbers have increased since 2002 because our efforts to identify, treat and mitigate MRSA infections have significantly increased. We are more aggressively looking for skin lesions and irritations, culturing more wounds, and identifying and reporting more cases than we did two and one-half years ago. Additionally, we have a better trained staff and screening process at our Inmate Reception Center, which assist in identifying MRSA cases that come into the jails from the community.

Again, it is important to remember that our monthly cases have remained constant, near the 200 mark, for the past several months. Our latest data shows that 24 percent of the new cases each month are from inmates who are already infected before entering our jails. It is also important to note that we have the "community" strain of MRSA within our jails, and will likely have MRSA to deal with as long as inmates continue to bring it in with them. Recognizing the fact that we have the "community" strain, the Sheriff's Department takes efforts to ensure that MRSA does not leave the jails and return to the community. As such, we ensure that recently released inmates are given the opportunity to follow-up with public health services upon leaving our facility.

The Los Angeles County Sheriff's Department is not the cause of the MRSA problem. There is a misconception that MRSA started in the Los Angeles County jails. This is simply not the case. In the correctional environment, MRSA exists in nearly every major jail system throughout the United States and, indeed, the world. My staff has personally interacted with corrections staff from across the Nation regarding their experiences and difficulties battling this infection. The community strain that impacts correctional systems also impacts athletic teams, school systems, the military, homeless populations, and other arenas wherein there is close personal contact and the sharing of personal items. There are some reports that MRSA has even crossed species, with purported cases from county animal shelters.

In order to combat this problem, your Board has recommended that the Sheriff's Department work with the Department of Health Services in order to require that all inmates be forced to shower. The Sheriff's Department requires that all inmates



booked into our jail system be taken through the shower area. Additionally, access to showers is given to inmates on a daily basis. All inmates in a dorm setting are allowed access to the showers continually throughout the day. Inmates housed in cells, or those that pose a safety or security concern, are allowed daily scheduled access to the showers. The only exceptions to this policy are inmates who are away for court, medical reasons, visiting, or who simply refuse to take a shower. Although all inmates are allowed and encouraged to shower daily, each inmate has the ultimate responsibility to actually do so.

At no time does the Sheriff's Department use physical force to require an inmate to take a shower. Although an appropriate public health officer may issue an order allowing the use of force in order to require showers, this is a humanitarian, logistical, and civil liability issue that the Sheriff's Department is not willing to undertake. Utilizing force in order to ensure all inmates shower will have a detrimental effect, resulting in unnecessary injuries to both staff and inmates alike. We will continue to allow inmates every opportunity to shower, but will not compel mandatory showers through reasonable force without a valid court order.

Your Board has also requested an update on the recently approved hiring of a Physician Epidemiologist and support staff to help address MRSA issues within our jails. My staff is currently meeting with a highly desirable candidate whom we hope to quickly place into the hiring process. The acquisition of support staff would commence immediately thereafter.

Attachment A shows excerpts from material recently published by Pfizer U.S. Pharmaceuticals entitled, "The Rising Burden of MRSA." This first chart provides a brief history of the evolution of *staph aureus* resistance. Methicillin was developed as early as 1960 to combat Penicillin-resistant *staph aureus*. The chart also shows a "widespread and continuous emergence of Methicillin resistance (MRSA)" from the 1960's to present.

Attachment B shows 2003 statistics of MRSA rates from the various regions of the United States. For example, for the Pacific region, 39.5 percent of patients reporting infections were resistant to Methicillin.

Attachment C shows that MRSA is prevalent across the globe. Clearly, MRSA is a worldwide issue.

Attachment D shows an update of our detailed report covering 20 issues addressed by the Department of Health Services for combating MRSA. Among the corrective actions still in effect are the introduction of a hand sanitizing lotion for personnel, the creation of an informational videotape presentation that outlines the MRSA issue, the availability of daily showers for all inmates, as well as separate housing being made available at both Men's Central Jail and North County Correctional Facility for those inmates who have

been identified as being infected with MRSA. The attached table summarizes the current status of the 20 recommendations, which includes a complete accounting of our corrective actions that have been taken to date.

Attachment E shows a recent MRSA audit conducted by my staff. These audits are conducted on a quarterly basis and cover five areas of concern, including personal hygiene, environmental cleaning, bedding/clothing exchange, education, and laundry. Our audit shows that all facilities are compliant with the recommendations set forth by the Department of Health Services.

As always, the Sheriff's Department continues to work toward increasing the awareness of MRSA throughout the jails for both staff and inmates. The Sheriff's Department has and will continue to make considerable progress regarding this problem and actively work with the Department of Health Services, and other agencies, in an attempt to combat MRSA through education, medication, medical protocols, and continued monitoring of the problem. If you have any additional questions or concerns, please call me or Chief John L. Scott of Custody Operations Division at (213) 893-5001.

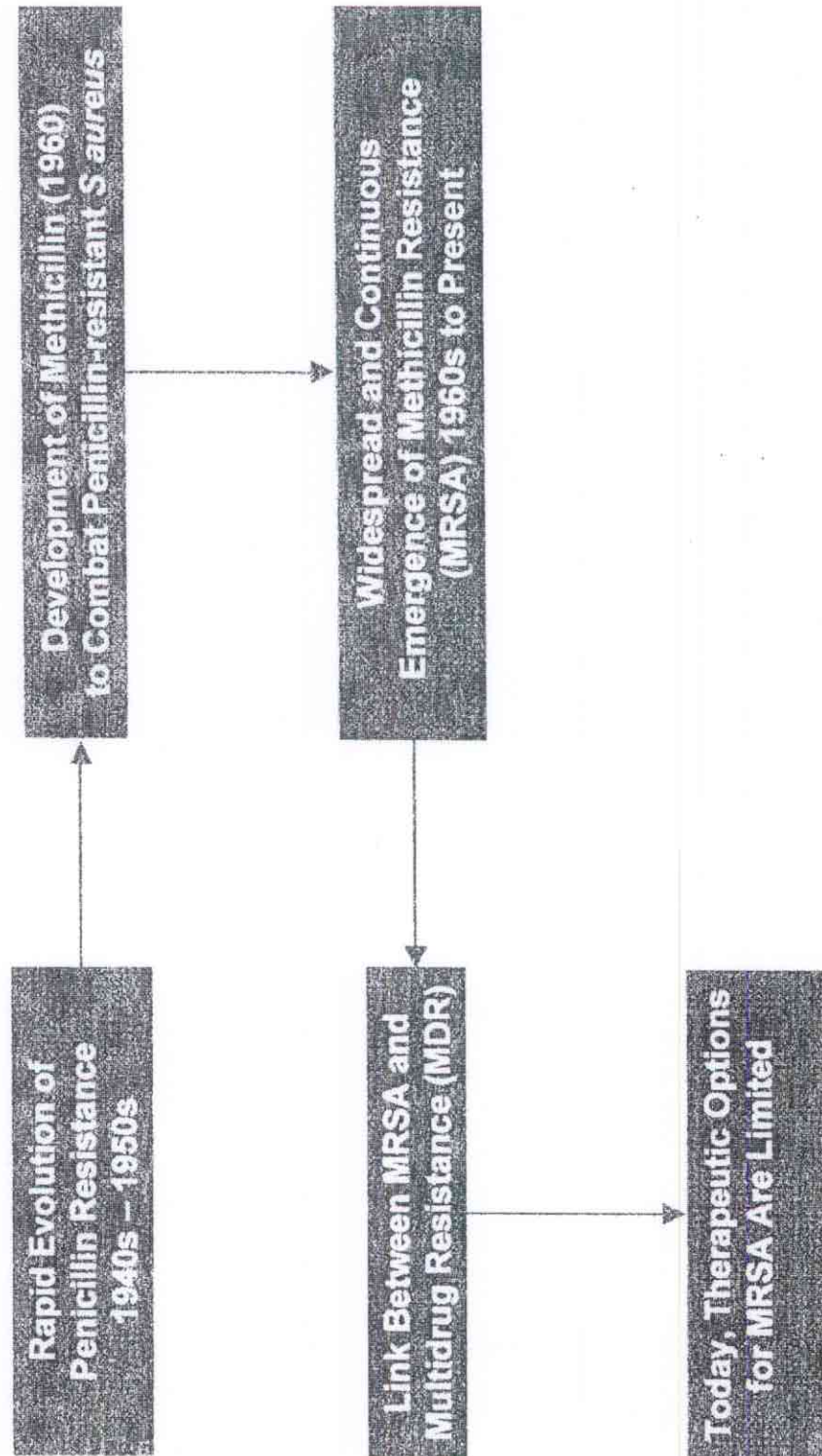
Sincerely,

A handwritten signature in dark ink, appearing to read "Leroy D. Baca". The signature is fluid and cursive, with the first name "Leroy" being more prominent than the last name "Baca".

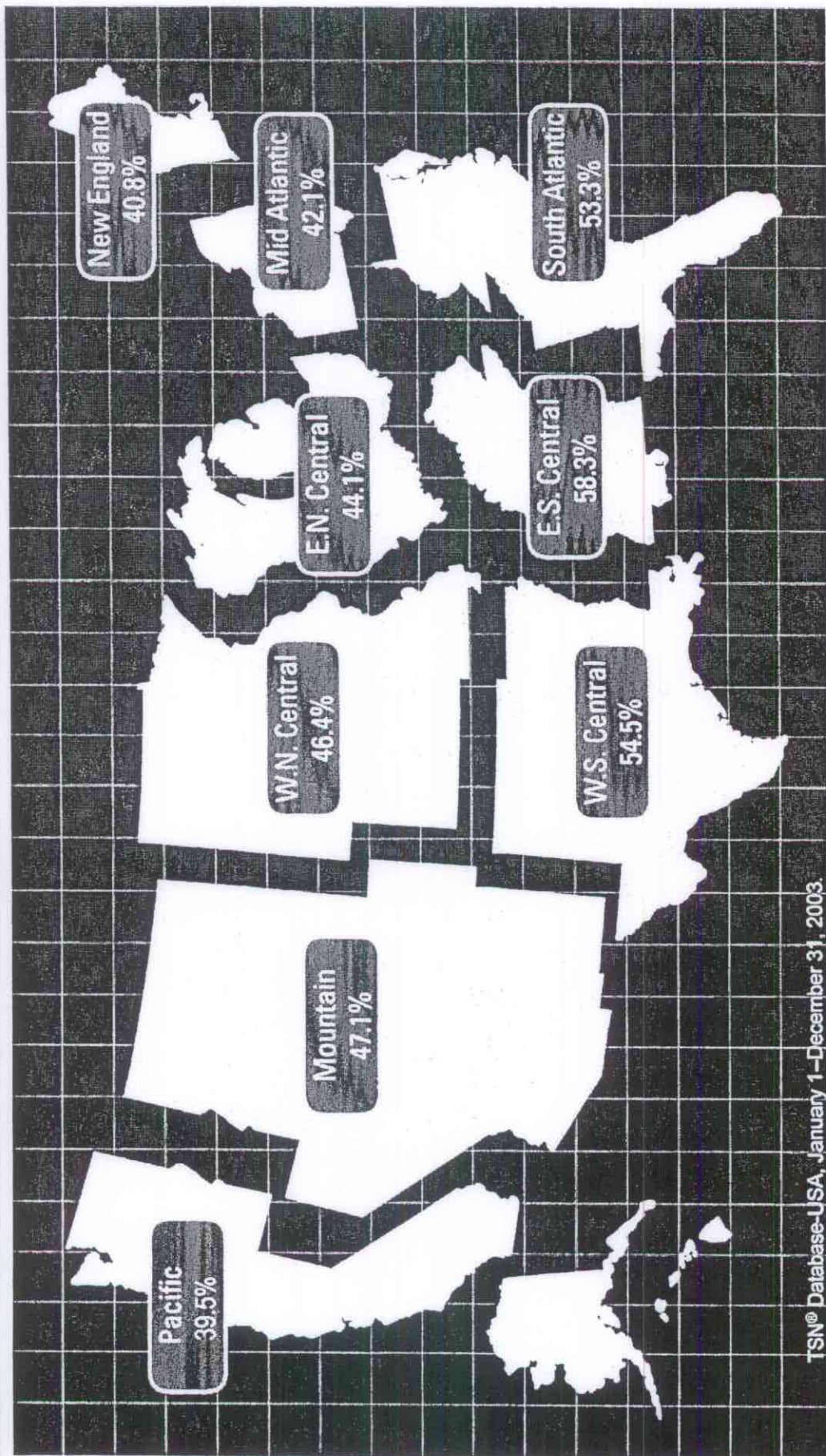
LEROY D. BACA  
SHERIFF



# Evolution of *S aureus* Resistance



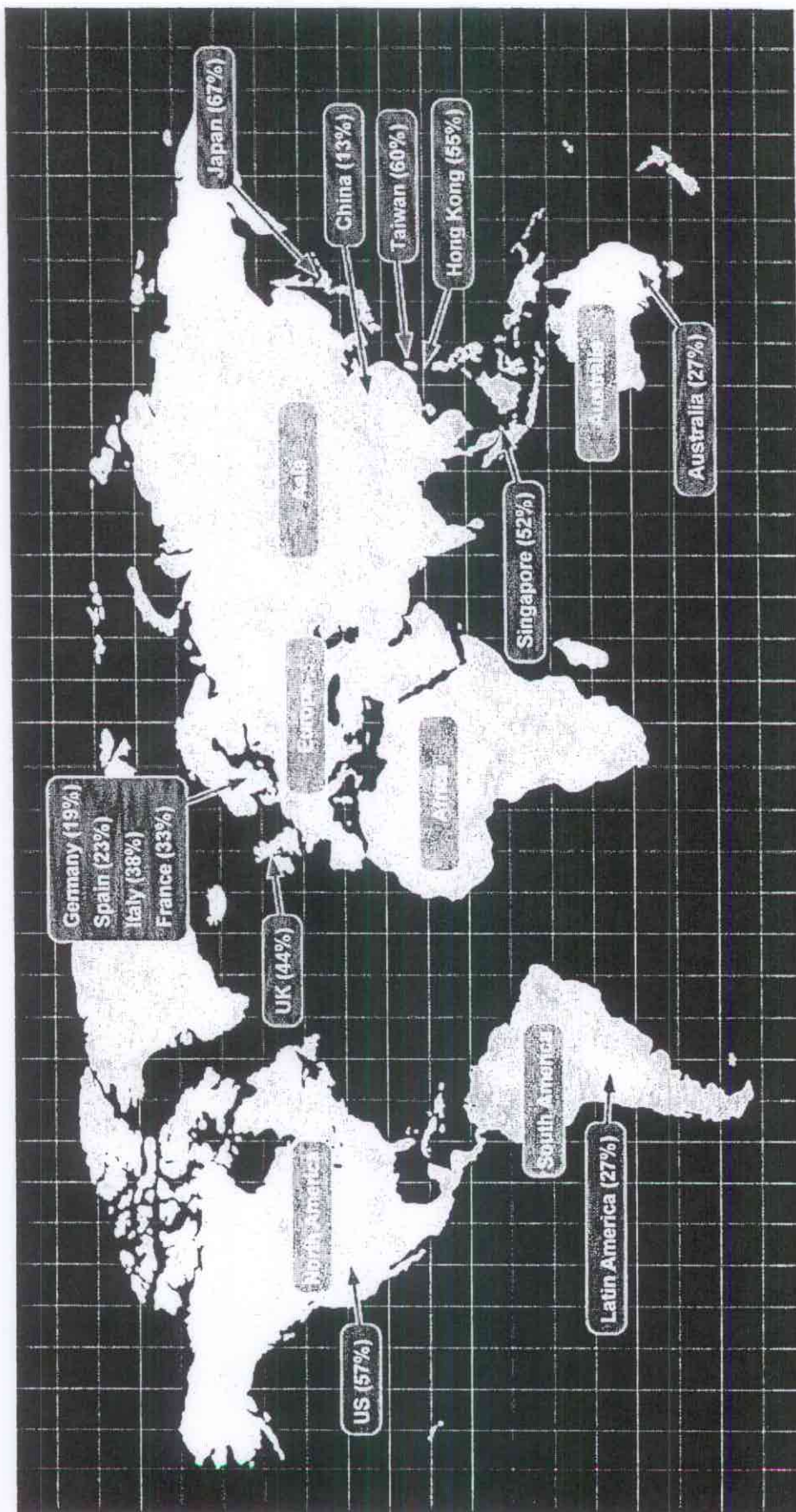
## 2003 TSN Data Query Results: MRSA Rates Vary by Geographic Region



TSN® Database-USA, January 1–December 31, 2003.



# MRSA Is Prevalent Worldwide



Adapted from Christiansen KJ, et al. *Antimicrob Agents Chemother.* 2004;48:2049-2055. EARSS. *Annual Report* 2002. Bilthoven, The Netherlands: EARSS; 2003. Mendes C, et al. *Braz J Infect Dis.* 2003;7:44-61. NNIS. *Am J Infect Dis.* 2003;31:481-498.



**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #1**

SURVEILLANCE – Medical Intake Screening

**RECOMMENDATION #2**

SURVEILLANCE – Daily Logs of Skin Infection

MSB	Refer to IRC.		Recommendation still in effect - A daily log documenting all skin infections, which lists inmate's name, booking number, and housing location is maintained in the facility clinic.
IRC	Recommendation still in effect – A specific question, directly related to skin cuts / boils / sores / wounds has been added to the medical screening process for all inmates at IRC.		Refer to MSB.
MCJ	Refer to IRC.		Refer to MSB.
TTCF	Refer to IRC.		Refer to MSB.
CRDF	Refer to IRC.		Refer to MSB.
NCCF	Refer to IRC.		Refer to MSB.
PDC-EAST	Refer to IRC.		Refer to MSB.
PDC-NORTH	Refer to IRC.		Refer to MSB.
MIRA LOMA	Federal detainees housed at this facility. Federal detention standards followed.		Refer to MSB.

**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #3**

SURVEILLANCE – Culture all Skin Infections

**RECOMMENDATION #4**

SURVEILLANCE – Evaluate All Cell Mates

MSB	Recommendation still in effect - All skin infections are cultured upon initial clinic examination.		Recommendation still in effect – Evaluation of cellmates having contact with infected MRSA patient is still in place.
IRC	Skin infections are cultured upon initial intake and screening, as necessary.		Refer to MSB.
MCJ	Refer to MSB.		Refer to MSB.
TTCF	Refer to MSB.		Refer to MSB.
CRDF	Refer to MSB.		Refer to MSB.
NCCF	Refer to MSB.		Refer to MSB.
PDC-EAST	Refer to MSB.		Refer to MSB.
PDC-NORTH	Refer to MSB.		Refer to MSB.
MIRA LOMA	Federal detainees housed at this facility. Federal detention standards followed.		Refer to MSB.



# M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES

## CURRENT STATUS OF COMPLIANCE – JANUARY, 2005

### FACILITIES

#### RECOMMENDATION #5 SURVEILLANCE – ID Medical Charts of MRSA Infected Inmates

#### RECOMMENDATION #6 QUALITY ASSURANCE – Random Chart Review

MSB	Recommendation still in effect – All medical charts are in JHIS; a consistent diagnosis of specific MRSA infections are being conducted by medical personnel.	Recommendation still in effect – Although DHS recommended a random review, we review <i>all</i> medical records of MRSA patients to ensure appropriate treatment.
IRC	Refer to MSB.	Refer to MSB.
MCJ	Refer to MSB.	Refer to MSB.
TTCF	Refer to MSB.	Refer to MSB.
CRDF	Refer to MSB.	Refer to MSB.
NCCF	Refer to MSB.	Refer to MSB.
PDC-EAST	Refer to MSB.	Refer to MSB.
PDC-NORTH	Refer to MSB.	Refer to MSB.
MIRA LOMA	Federal detainees housed at this facility. Federal detention standards followed.	Federal detainees housed at this facility. Federal detention standards followed.

# M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES

## CURRENT STATUS OF COMPLIANCE – JANUARY, 2005

### FACILITIES

### RECOMMENDATION #7

WOUND CARE AND TREATMENT – Dressing Changes

### RECOMMENDATION #8

WOUND CARE AND TREATMENT – Bandage Disposal Protocol

	RECOMMENDATION #7 WOUND CARE AND TREATMENT – Dressing Changes	RECOMMENDATION #8 WOUND CARE AND TREATMENT – Bandage Disposal Protocol
<b>MSB</b>	Recommendation still in effect – Dressing change completed daily, and as needed, for any admitted inmates.	Recommendation still in effect – Bandage disposal protocols are in place.
<b>IRC</b>	Recommendation still in effect – Dressing change completed by medical personnel if inmates arrive with wound.	Refer to MSB.
<b>MCJ</b>	Recommendation still in effect – Dressing changes completed by medical personnel daily.	Refer to MSB.
<b>TTCF</b>	Refer to MCJ.	Refer to MSB.
<b>CRDF</b>	Refer to MCJ.	Refer to MSB.
<b>NCCF</b>	Refer to MCJ.	Refer to MSB.
<b>PDC-EAST</b>	Refer to MCJ.	Refer to MSB.
<b>PDC-NORTH</b>	Refer to MCJ.	Refer to MSB.
<b>MIRA LOMA</b>	Federal detainees housed at this facility. Federal detention standards followed.	Federal detainees housed at this facility. Federal detention standards followed.



# M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES

## CURRENT STATUS OF COMPLIANCE – JANUARY, 2005

### FACILITIES

### RECOMMENDATION #9

WOUND CARE AND TREATMENT – Ensure Proper Treatment Protocol

### RECOMMENDATION #10

PREVENTION OF MRSA TRANSMISSION – Educate Inmates about Prevention/Transmission

MSB	Recommendation still in effect – LASD Doctors have been briefed by DHS and LASD Chief Physician regarding correct antibiotic treatment protocol. Compliance is reviewed through Q/A.		Recommendation still in effect – Informational / educational video shown to all newly incoming inmates at IRC, and shown at housing facilities. Fliers and posters have been distributed.
IRC	Refer to MSB.		Refer to MSB.
MCJ	Refer to MSB.		Refer to MSB.
TTCF	Refer to MSB.		Refer to MSB.
CRDF	Refer to MSB.		Refer to MSB.
NCCF	Refer to MSB.		Refer to MSB.
PDC-EAST	Refer to MSB.		Refer to MSB.
PDC-NORTH	Refer to MSB.		Refer to MSB.
MIRA LOMA	Federal detainees housed at this facility. Federal detention standards followed.		Recommendation still in effect - Video shown in all housing areas.

**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #11**

PREVENTION OF MRSA TRANSMISSION –  
Personal Hygiene

**RECOMMENDATION #12**

PREVENTION OF MRSA TRANSMISSION –  
Environmental Cleaning

MSB	Recommendation still in effect - Inmates showered on a daily basis.		Recommendation still in effect - Custody Division Policy requires cells/area to be cleaned after MRSA is suspected.
IRC	Recommendation still in effect – All incoming inmates allowed to shower upon entry and processing. Soap is provided.		Refer to MSB.
MCJ	Recommendation still in effect - Showers available 16-20 hours daily. Soap is available; personnel have been briefed on the importance of providing soap to inmates.		Refer to MSB.
TTCF	Refer to MCJ.		Refer to MSB.
CRDF	Refer to MCJ.		Refer to MSB.
NCCF	Refer to MCJ.		Refer to MSB.
PDC-EAST	Refer to MCJ.		Refer to MSB.
PDC-NORTH	Refer to MCJ.		Refer to MSB.
MIRA LOMA	Refer to MCJ.		Refer to MSB.



**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #13**

PREVENTION OF MRSA TRANSMISSION –  
Laundry Exchange

**RECOMMENDATION #14**

PREVENTION OF MRSA TRANSMISSION –  
Laundry Processing

MSB	Recommendation still in effect – Inmates diagnosed with MRSA are showered and linen/clothing is exchanged.		Refer to PDC-NORTH.
IRC	Refer to MSB.		Refer to PDC-NORTH.
MCJ	Refer to MSB.		Refer to PDC-NORTH.
TTCF	Refer to MSB.		Refer to PDC-NORTH.
CRDF	Refer to MSB.		Refer to PDC-NORTH.
NCCF	Refer to MSB.		Refer to PDC-NORTH.
PDC-EAST	Refer to MSB.		Refer to PDC-NORTH.
PDC-NORTH	Refer to MSB.		Recommendation still in effect – PDC-North Facility still manages all laundry operations for the Department. Laundry is washed and dried at temperatures sufficient to kill MRSA. Exploring the possibility of adding an additional shift.
MIRA LOMA	Refer to MSB.		Refer to PDC-NORTH.

**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #15**  
**PREVENTION OF MRSA TRANSMISSION –**  
**Laundry Processing**

**RECOMMENDATION #16**  
**PREVENTION OF MRSA TRANSMISSION –**  
**Increase Frequency of Exchanges**

MSB	Refer to PDC-NORTH.		Recommendation still in effect - Clothing and linen exchanged every other day and upon request by medical personnel.
IRC	Refer to PDC-NORTH.		Recommendation still in effect - All incoming inmates are issued clean clothing.
MCJ	Refer to PDC-NORTH.		Refer to TTCF.
TTCF	Refer to PDC-NORTH.		Recommendation still in effect – Linen / Uniforms / Underwear exchanged twice weekly.
CRDF	Refer to PDC-NORTH.		Refer to TTCF.
NCCF	Refer to PDC-NORTH.		Refer to TTCF.
PDC-EAST	Refer to PDC-NORTH.		Refer to TTCF.
PDC-NORTH	Recommendation still in effect – Laundry dried thoroughly before re-issue to housing facilities; still in compliance.		Refer to TTCF.
MIRA LOMA	Refer to PDC-NORTH.		Recommendation still in effect – Uniforms – three per week; underwear – 5 sets per week; Linen 1 set per week. Federal standards in place at this facility.



**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #17**

PREVENTION OF MRSA TRANSMISSION –  
Limit Transfers of Infected Inmates

**RECOMMENDATION #18**

PREVENTION OF MRSA TRANSMISSION –  
Medical Summary and Treatment Plan

MSB	Recommendation still in effect – Medical wristband identification procedure in place to prevent the random movement of acute/chronic type inmates.		Recommendation still in effect – JHIS provides medical summaries for all inmates.
IRC	Refer to MSB.		Refer to MSB.
MCJ	Refer to MSB.		Refer to MSB.
TTCF	Refer to MSB.		Refer to MSB.
CRDF	Refer to MSB.		Refer to MSB.
NCCF	Refer to MSB.		Refer to MSB.
PDC-EAST	Refer to MSB.		Refer to MSB.
PDC-NORTH	Refer to MSB.		Refer to MSB.
MIRA LOMA	Federal detainees housed at this facility. Federal detention standards followed.		Federal detainees housed at this facility. Federal detention standards followed.

**M.R.S.A. RECOMMENDATIONS BY DEPARTMENT OF HEALTH SERVICES**  
**CURRENT STATUS OF COMPLIANCE – JANUARY, 2005**

**FACILITIES**

**RECOMMENDATION #19**

PREVENTION OF MRSA TRANSMISSION –  
Identify MRSA within Inmate's Medical Record

**RECOMMENDATION #20**

PREVENTION OF MRSA TRANSMISSION –  
Staff Education and Protection

MSB	Recommendation partially completed - System capabilities have now been installed, practice and protocols for medical personnel are being reviewed and implemented.		Recommendation still in effect – Training videos and bulletins for staff are currently being utilized. MRSA prevention techniques are still discussed at facility briefings.
IRC	Refer to MSB.		Refer to MSB.
MCJ	Refer to MSB.		Refer to MSB.
TTCF	Refer to MSB.		Refer to MSB.
CRDF	Refer to MSB.		Refer to MSB.
NCCF	Refer to MSB.		Refer to MSB.
PDC-EAST	Refer to MSB.		Refer to MSB.
PDC-NORTH	Refer to MSB.		Refer to MSB.
MIRA LOMA	Refer to MSB.		Refer to MSB.



COUNTY OF LOS ANGELES  
**SHERIFF'S DEPARTMENT**

Date: January 10, 2005

OFFICE CORRESPONDENCE

FILE:  
PROJECT: 205005

FROM:



MICHAEL L. BORNMAN, LIEUTENANT  
CUSTODY SUPPORT SERVICES

TO:

CHARLES M. JACKSON, CHIEF  
CORRECTIONAL SERVICES DIVISION

JOHN L. SCOTT, CHIEF  
CUSTODY OPERATIONS DIVISION

SUBJECT:

**METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS AUDIT**

Custody Support Services conducted a Methicillin Resistant Staphylococcus Aureus (MRSA) quarterly review and audit. The audits were conducted at all custody facilities. Each audit was unannounced and consisted of visual inspections and interviews of personnel and inmates. The purpose of this review was to ensure that the corrective actions set forth in Division Policy and monthly MRSA meetings was being adhered to. The following items were audited:

Item I - Personal Hygiene:

**Status:**

*Fully in Compliance.*

**Synopsis:**

The facilities were audited to ensure that inmates received showers and soap on a daily basis. Custody Support Services personnel made contact with staff, inmate workers, and general population inmates while conducting these audits.

**Audit:**

Showers and soap are available to inmates on a continuing basis at all facilities. Auditors noted that soap was available and ensured that showering of inmates were noted on the Title 15 - Uniform Daily Activity Log.

ATTACHMENT E

**Item II - Environmental Cleaning:****Status:**

*Fully in compliance.*

**Synopsis:**

The facilities were audited to ensure that the housing areas were properly cleaned after inmates with MRSA are identified. The housing areas were checked for proper cleaning, mattresses were checked for proper disinfecting, and torn mattresses infected with MRSA were audited to ensure they were being properly discarded.

**Audit:**

All facilities were in compliance with environmental cleaning of the facility. Housing areas and mattresses are disinfected, and torn mattresses that are used by inmates with MRSA are discarded properly.

**Item III - Frequency of Bedding / Clothing Exchange:****Status:**

*Fully in Compliance.*

**Synopsis:**

The facilities were audited to ensure that inmates receive the appropriate amount of bedding and linen. Additionally, auditors ensured that inmates diagnosed with MRSA were showered and issued new clothing.

**Audit:**

All facilities were in full compliance with bedding / clothing exchange. All inmates diagnosed with MRSA are showered and given new clothing.

**Item IV - Education and Protection:****Status:**

*Fully in compliance.*

**Synopsis:**

The facilities were audited to insure that staff were educated on MRSA and the various means of protecting themselves. Auditors checked to ensure training videos were seen by inmates, training bulletins were reviewed by staff, and various other in-service training was conducted at briefings.

**Audit:**

All facilities show the training and MRSA videos to staff and inmates. Bulletins and information on MRSA is made available and all other aspects of staff education and protection were being properly followed and documented; compliance with these issues are confirmed in monthly MRSA meetings.

**Item V - Laundry Services:****Status:**

*Fully in compliance.*

**Synopsis:**

Pitchess Detention Center - North is responsible for overseeing the Laundry Operations. The laundry area was audited to ensure that clothing was being washed and dried at temperatures that would destroy MRSA bacteria.

**Audit:**

All inmate laundry is washed and dried at temperatures that will destroy the MRSA bacteria.

This audit details the current status of the MRSA policy. If you have any questions or need additional information, please contact Deputy Shawn Kehoe at Custody Support Services, (213) 473-6517.

MLB:SRK:srk





BOARD OF SUPERVISORS

Gloria Molina  
First District

Yvonne Brathwaite Burke  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

THOMAS L. GARTHWAITE, M.D.  
Director and Chief Medical Officer

FRED LEAF  
Chief Operating Officer

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
313 N. Figueroa, Los Angeles, CA 90012  
(213) 240-8101

January 25, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.  
Director of Public Health and Health Officer

SUBJECT: UPDATE ON MRSA

On January 11, 2005, the Board approved a motion by Supervisor Antonovich requesting a joint report at the January 25, 2005 Board meeting by the Sheriff and the Department of Health Services, addressing the concerns raised by recent media reports, including the factors contributing to the increasing number of people infected with MRSA in the jails and the community at large. Supervisor Molina requested that the Department report back with specific actions that can be taken by the Health Officer to address the ongoing MRSA in the jail and probation facilities.

This is to provide the reports requested by Supervisors Antonovich and Molina and to provide the update to our quarterly report of October 20, 2004.

**MRSA at the Los Angeles County Sheriff's Facilities**

The preliminary total number of cases of MRSA skin and invasive infections identified in 2004 was 2480 compared to 1849 in 2003 and 921 in 2002. The initial increase of identified infections from 2002 to 2003 was partially due to the increased surveillance efforts by the Sheriff's Department. The number of new infections per month has been stable since March 2004.

Based on analysis of the Sheriff's data, it is clear 1) that there is significant MRSA infection being brought into the jail by new inmates, 2) that there is significant transmission in the jail from inmate to inmate.

The increase in total cases is driven by both an increase in MRSA prevalence in the community and by an increase in the number of infections acquired in the jail. The number of presumed jail acquired infections (identified more than 15 days after admittance to the Jail) increased from 670 in 2002 to 1339 in 2004, although the percentage decreased from 76% in 2002 to 54% in 2004. The number of infections presumed to be acquired in the community (identified less than 5 days after admission) increased from 83 in 2002 to 595 in 2004 and the percentage increased from 9% in 2002 to 24% in 2004.

Based on careful analysis of the outbreak at the Jail, and consultations with the Centers for Disease Control and Prevention (CDC) and the California Department of Health Services, in 2002 DHS issued recommendations to control the spread of MRSA at the Jail. The Sheriff reports that policies have been developed and promulgated to address substantially all of the 2002 recommendations over the past 2 years. We are unable to verify the extent of actual implementation of some of these policies within the jail facilities, because 1) we do not have the staff capabilities to monitor the actual activities of approximately 17,500 persons in multiple facilities and 2) systems necessary for monitoring compliance are not in place.

Despite these efforts, the number of jail acquired cases of MRSA has shown an annual increase. This number may have been higher had the Sheriff not implemented the 2002 recommendations. Earlier identification and treatment with appropriate antibiotics has most likely decreased the morbidity and spread of MRSA.

In order to further decrease the spread of MRSA in the Jail, the most important action the Sheriff must take is to hire the additional jail health staff that the Board approved to address MRSA and other diseases of public health significance. This includes a physician, nurses and an epidemiologist. In addition to hiring the staff, we are reiterating and expanding on key aspects of the 2002 MRSA control policies. Adherence to all these recommendations with full, vigorous implementation is necessary to minimize transmission of MRSA within the Jail:

1. Screen all inmates for MRSA infection on the medical intake form at admission to the Jail. Provide educational material (videos and flyers) to improve self-identification and self-report of lesions suspicious for MRSA.
2. Expeditiously evaluate all inmates, at any time in their incarceration, if they complain of having a skin infection. Encourage self-reporting of skin infections by inmates.
3. Develop protocols, in collaboration with DHS, for skin infections that include increased use of incision and drainage procedures according to best available data. Continue to use the DHS recommendations on antibiotics for skin infections when antibiotics are needed.
4. Assure access to daily showers for inmates. Encourage inmates to shower daily.
5. Assure access to soap for inmates. Encourage inmates to use soap.
6. At a minimum, maintain increased access to laundry exchanges (1 jumpsuit and 2 changes of underwear twice a week), which is twice the Title 15 requirements; increase to daily laundry exchange if possible.
7. Implement measures to reduce sharing of personal items (towels, soap, razors, etc.) including education and making personal items readily available to inmates.
8. Clean all environmental surfaces where inmates have bare skin contact (tables, chairs, athletic equipment) once a day with appropriate disinfectant.
9. Assure ongoing education by multiple means of deputies, civilian workers, and inmates about steps they can take to prevent the acquisition and spread of MRSA.

Compliance with all of these recommendations requires a significant dedication of resources including supplies, personnel, and money. However, even with perfect compliance with these steps, we do not expect MRSA to be eliminated from the Jail, particularly because of the crowded conditions in the facilities and the significant increase in MRSA in the community. Studies have shown that close, crowded living conditions, poor hygiene, sharing of personal items, and environmental contamination are all risk factors for the acquisition of MRSA. These conditions are endemic in the Jail and multiple other jurisdictions have reported MRSA outbreaks in correctional facilities, including Texas, Georgia, San Francisco, Mississippi, Tennessee, and Pennsylvania. No effort in any large correctional facility has been demonstrated to be successful to controlling MRSA. The increased frequency of MRSA in the general population will lead to continued reintroduction of MRSA into the Jail by newly admitted inmates.

The Sheriff's office has made important progress in efforts to control MRSA, particularly in earlier identification and more appropriate treatment. However, sustained compliance with these measures is critical for reducing further transmission in the jail. If, after a reasonable time, it is determined, through monitoring, that the measures listed above are not being implemented, and there continues to be an ameliorable public health threat, we will be prepared to issue a public health order instructing that these and any other appropriate measures be implemented.

Inmates exposed to MRSA may carry this disease into the community. The degree to which inmates spread MRSA to the community is unknown. However, community-associated MRSA is not a problem confined to the Los Angeles County Jail or to correctional facilities. Although MRSA is not reportable, information from medical providers throughout the County, and across the United States, indicates an increase in MRSA infections in the community including in the homeless population, drug users, and children. MRSA outbreaks have also been reported in a variety of settings including athletic teams and military bases where some of the same conditions of crowded living conditions, poor hygiene, and sharing personal items, may have contributed to the spread of MRSA. Thus we expect MRSA to be a long term problem in the general population of our communities.

#### **MRSA in the Los Angeles County Probation Facilities**

Seventy cases of MRSA infections were reported from the Probation Facilities (Juveniles) from January-December 20, 2004. This is an increase from 52 cases in 2003. There has been no apparent clustering of the cases. The Probation facilities have been in general compliance with our recommendations.

#### **MRSA in the Community**

Physicians were advised of the significance of MRSA in 2003 in several issues of *The Public's Health*, a newsletter we send to 29,000 providers. An update will be published within the next six months. Staff from Public Health has given presentations to physicians across the County regarding MRSA. Furthermore, staff from Public Health has finished environmental and prevention guidelines for MRSA and the guidelines are being distributed to gym owners, Chambers of Commerce, schools and homeless shelters. Public Health staff will be working with school authorities to develop guidelines concerning MRSA in school children.



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If you have any questions or need more information, please let either of us know.

TG:JEF:EB

c: Chief Administrative Officer  
County Counsel  
- Executive Officer, Board of Supervisors  
Sheriff  
Chief Probation Officer